January 21, 1985

PEICHANENT EPA# 15 follow

Department of Health Services Toxic Substances Control Division Sacramento, California

eas	UNIFORM HAZARDOUS  I. Generator's US EPA ID No.  CAX 0000 36483  Document No.	2. Pag	is not	tion in th	ie shaded areas id by Federal	
-	WASTE MANIFEST Torrison of Generator's Name and Mailing Address		6 Mar Jens (	ocument	t Number	
-	PARA PLATE 3242 E. Olympic Blvd:	(2015))地震疾病	e Generator's	MANUAL CARLES		
	4. Generator's Phone 7, 07 ) 213/268-4281	213/268-4281   CAX 0000 36				
	5 Transporter 1 Company Name 6. US EPA ID Number OMEGA CHEMICAL CORP. ICAD 042 245 001		C.State "rensporter's ID SSE 19 D.Transporter's Phans / 698-0991			
-	OMEGA CHEMICAL CORP. ICAD 042 245 UOI 7. Transporter 2 Company Name 8. US EPAID Number		E.State Transporter's ID			
	Designated Facility Name and Site Address     10. US EPA ID Number		F. Transporter's Phone G. State Facility's ID			
	OMEGA CHEMICAL CORP.		CAD 04		001	
	12504 E. Whittier Blvd. Whittier, CA 90602   CAD 042 245 001		H.Facility's Phone 213/698-0991			
1	12.Cor	ntainers	13. Total	14. Unit	1.	
G	11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No.	Туре	Quantity	Wt Vol	Waste No.	
ENER	Hazardous Waste, Liquid NOS ORM-E NA 9189 (FLEXOSOLVENT)	DM	30	G	211	
ATO	b.					
P	C.		CHARLES MAD SHEET, S.			
	d.	AND DESCRIPTION OF	E-MARIE PROPERTY LAST THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS			
And the second second	Additional Descriptions for Massralls Listed Above PER CHLORETHYLENE POTULIFICATION  15. Special Handling Instructions and Additional Information					
	16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shapping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  Date  Month Day Year  Date					
17. Transporter 1 Acknowledgement of Receipt of Materials R Printed/Typed Name . / Signature					Month Day Year	
RANSP	1 SHITE VIII S					
0	18. Transporter 2 Acknowledgement or Receipt of Materials				Month Day Year	
RTER	Printed/ typed Iranio	THE WAS ASSESSED.	e in the period with the females		STATE OF THE PARTY	
FAC	19. Discrepancy Indication Space					
FACILITY	20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in					
Y	nem 19.	77			Date Month Day Year	
	Printed/Typed Name  STEVE SIMPSIM  SIGNATURE  SIGNATURE	IN A	man	2.24	01123185	
		industrianiful	CHRONICAL CONTRACTOR CONTRACTOR		SAME DESERVED TO THE OWNER.	